AQUATICS CLASS REGISTRATION APPLICATION FORM: Please fill out completely.

One form per family. Please read the registration information on pages 9-11 before registering.

PARENT OR PAYEE INFORMATION E-MAIL ADDRESS:								
FIRST NAME	L	AST NAME						
ADDRESS	I		CITY			ZIP CODE		
HOME PHONE #	WORK PHONE #		EMERGENCY CONTA		ACT & PHONE #			
☐ Check here if this a new address.								
PARTICIPANT'S NAME	CLASS NAME/ ACTIVITY	CLASS CODE	LOC	CATION	SESSION/ DAY	TIME	CLASS FEE	
FIRST LAST	1st CHOICE							
AGE BIRTHDATE	2nd CHOICE							
SEX (Circle One) FEMALE MALE	3rd CHOICE							
FIRST LAST	1st CHOICE	<u> </u>						
AGE BIRTHDATE	2nd CHOICE							
SEX (Circle One) FEMALE MALE	3rd CHOICE							
FIRST LAST	1st CHOICE		Ī					
AGE BIRTHDATE	2nd CHOICE							
SEX (Circle One) FEMALE MALE	3rd CHOICE			Ī				
FIRST LAST	1st CHOICE							
AGE BIRTHDATE / /	2nd CHOICE							
SEX (Circle One) FEMALE MALE	3rd CHOICE							
WE ACCEPT D	EBIT, VISA, MAST	ERCARD AND AME	RICAN	EXPRESS	CARDS!			
Credit Card (Select One): ☐ Visa ☐ MasterCard ☐ American Exp.	OFFICIAL USE ONLY Date Received		OFFICIAL USE ONLY Approval #		JSE ONLY			
redit Card #		Exp. Date	Check #	Ca \$			Cash Amount \$	
Name of Cardholder:			•					
The City of Chandler intends to comply wi Need additional forms? Simply make	e a copy of this one or p	orint one from the on-line	Break Ti	me at www.	.chandleraz.ç			
I understand that I agree to indemnify and hold h I also give my permissi	narmless the City of Cl		or injuries	sustained	during my pa			
Signature of Parent/Payee:								